

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
CASE NAME: _____	
PROOF OF SERVICE UNDER SECTION 366.26 OF THE WELFARE AND INSTITUTIONS CODE	CASE NUMBER: _____

1. I served a copy of the attached *Notice of Hearing* under section 366.26 on (identify name and relationship to child below):
- a. Name of person served: _____
- b. ☐ Mother ☐ Legal/Presumed father ☐ Alleged father ☐ Guardian ☐ Child 10 or over
☐ Present custodian ☐ Grandparent ☐ Counsel of record
2. Manner of service (check proper box):
- a. ☐ **Personal service.** By personally delivering a copy to the person served.
 (1) Date of service: _____ (2) Time of service: _____
- b. ☐ **Substituted service.** By delivering copies to a competent adult at the usual place of residence or business of the person served, and thereafter mailing a copy by first-class mail to the person at the place where the copy was delivered.
 (1) Name of person with whom left: _____
 (2) Date and time of leaving: _____
 (3) Date of mailing: _____
 (4) Place of mailing (city and state): _____
- c. ☐ **Certified mail to residence or business.** (Attach evidence of mailing.)
- d. ☐ **Certified mail to counsel of record.** (Attach evidence of mailing.)
- e. ☐ **First-class mail.** By placing copies in a sealed envelope and depositing the envelope ☐ directly in the United States mail with postage paid OR ☐ at my place of business for same-day collection and mailing with the United States mail, following our ordinary business practices with which I am readily familiar.
 (1) ☐ To residence (address): _____
 (2) ☐ To business (address): _____
 (3) Date of deposit: _____
 (4) Place of deposit (city and state): _____
- f. ☐ **First-class mail to grandparent.**
 (1) Addressed as follows (name and address): _____
 (2) Date of deposit: _____
 (3) Place of deposit (city and state): _____
- g. ☐ **Publication.** (Attach evidence of publication.)
- h. ☐ **Other:** _____
3. At the time of service I was at least 18 years of age and not a party to this matter. I am a resident of or employed in the county where the mailing occurred. My residence or business address is (specify): _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

(TYPE OR PRINT NAME)		(SIGNATURE)
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